

PROJECT 10073 RECORD

1. DATE - TIME GROUP	2. LOCATION
16 Apr 67 17/0045Z	Silver Springs , Maryland (1 witness)
3. SOURCE	10. CONCLUSION
Civilian	INSUFFICIENT DATA FOR EVALUATION
4. NUMBER OF OBJECTS	
One	
5. LENGTH OF OBSERVATION	11. BRIEF SUMMARY AND ANALYSIS
6 minutes	SEE CASE FILE
6. TYPE OF OBSERVATION	
Ground Visual	
7. COURSE	
North East-North	
8. PHOTOS	
<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No	
9. PHYSICAL EVIDENCE	
<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> No	

16 April 67

Silver Springs, MD.

Insufficient data for evaluation

reporter - no address

Silver Springs

MD

588-5827

U.S. AIR FORCE TECHNICAL INFORMATION

This questionnaire has been prepared so that you can give the U.S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

16 APR 1967
Day Month Year

2. Time of day: 49 45
Hour Minutes

(Circle One):

A.M.

or

P.M.

LOCAL

3. Time Zone:

(Circle One): a. Eastern
b. Central
c. Mountain
d. Pacific
e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

~~REDACTED ADDRESS~~

Silver Springs
City or Town

MARYLAND
CHH
State or County

5. How long was object in sight? (Total Duration)

6 min
Hours Minutes Seconds

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

5.1 How was time in sight determined?

STILL
WAS IN
TO SIGHT AT TIME OF
CALL

5.2 Was object in sight continuously?

Yes X

No _____

6. What was the condition of the sky?

DAY

a. Bright

b. Cloudy

NIGHT

a Bright

b. Cloudy

7. IF you saw the object during DAYLIGHT, where was the SUN located as you looked at the object?

(Circle One): a. In front of you
b. In back of you
c. To your right

d. To your left
e. Overhead
f. Don't remember

14. Did the object disappear while you were watching it? If so, how?

Still in sight

15. Did the object move behind something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind:

16. Did the object move in front of something at any time, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

in front of:

17. Tell in a few words the following things about the object:

a. Sound

None

b. Color

WHITE

18. We wish to know the angular size. Hold a match stick at arm's length in line with a known object and note how much of the object is covered by the head of the match. If you had performed this experiment at the time of the sighting, how much of the object would have been covered by the match head?

B.S. %

19. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails.

Place an arrow beside the drawing to show the direction the object was moving.



20. Do you think you can estimate the speed of the object?

(Circle One)

☒ Yes

☐ No

IF you answered YES, then what speed would you estimate? Mach 1 to 2

21. Do you think you can estimate how far away from you the object was?

(Circle One)

☒ Yes

☐ No

IF you answered YES, then how far away would you say it was? 5 to 10 miles

22. Where were you located when you saw the object?

(Circle One):

a. Inside a building

b. In a car

☒ c. Outdoors

d. In an airplane (type)

e. At sea

f. Other _____

23. Were you (Circle One)

a. in the business section of a city?

☒ b. In the residential section of a city?

c. In open countryside?

d. Near an airfield?

e. Flying over a city?

f. Flying over open country?

g. Other _____

24. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

24.1 What direction were you moving? (Circle One)

a. North

c. East

e. South

g. West

b. Northeast

d. Southeast

f. Southwest

h. Northwest

24.2 How fast were you moving? _____ miles per hour.

24.3 Did you stop at any time while you were looking at the object?

(Circle One)

☐ Yes

☐ No

25. Did you observe the object through any of the following?

a. Eyeglasses

Yes

☒ No

e. Binoculars

Yes

No

b. Sun glasses

Yes

No

f. Telescope

Yes

No

c. Windshield

Yes

No

g. Theodolite

Yes

No

d. Window glass

Yes

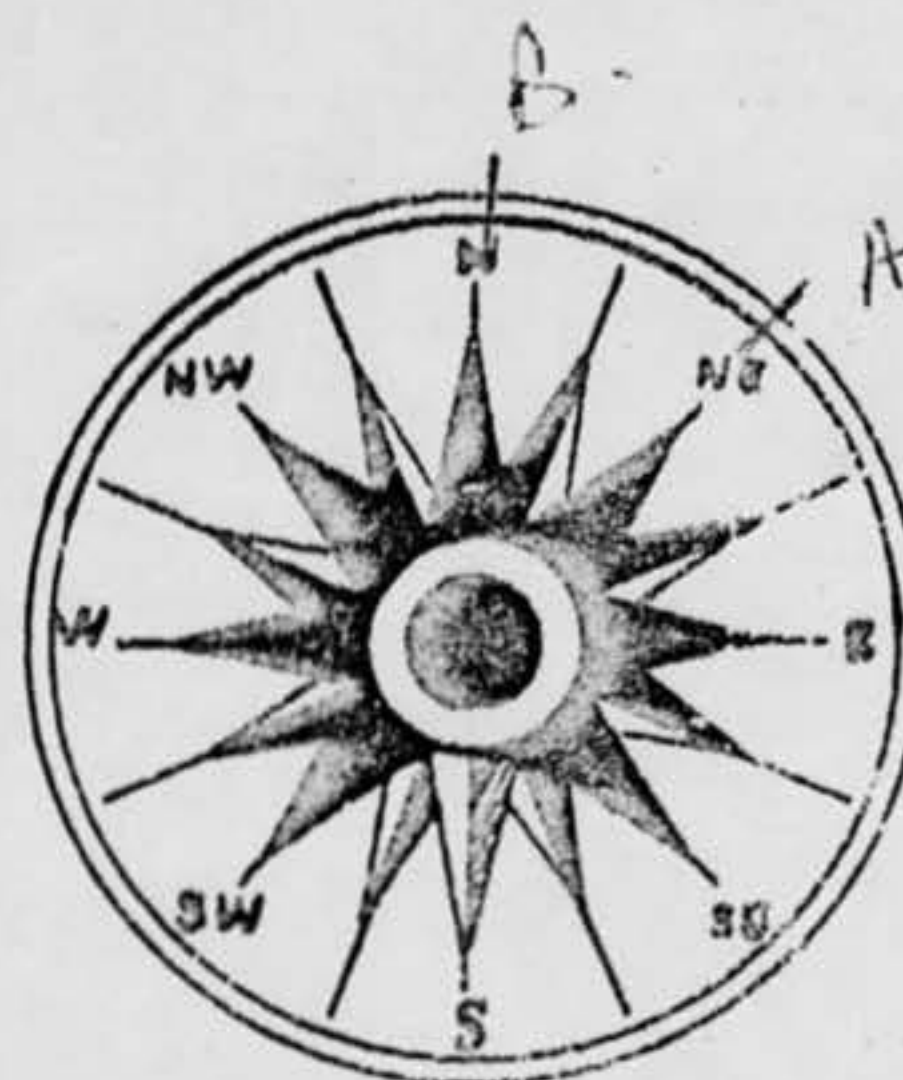
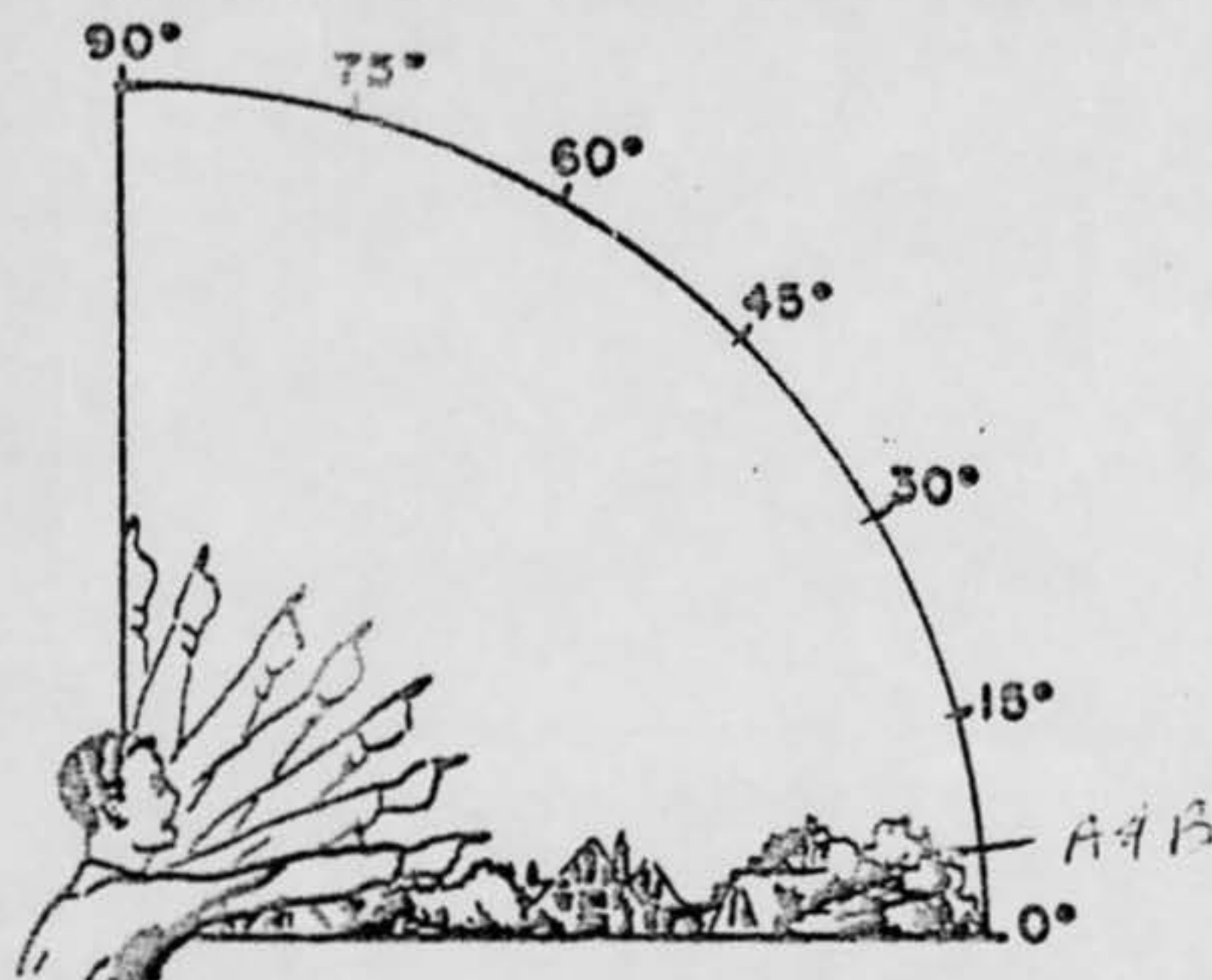
No

h. Other _____

26. In order that you can give as clear a picture as possible of what you saw, describe in your own words a common object or objects which, when placed up in the sky, would give the same appearance as the object which you saw

None

27. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the same curved line to show how high the object was above the horizon (skyline) when you *last* saw it. Place an "A" on the compass when you *first* saw it. Place a "B" on the compass where you *last* saw the object.



28. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.

STRAIGHT LINE PATH.

29. IF there was MORE THAN ONE object, then how many were there? 1

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

30. Have you ever seen this, or a similar object before. If so give date or dates and location.

No

31. Was anyone else with you at the time you saw the object? (Circle One)

Yes

No

31.1 IF you answered YES, did they see the object too? (Circle One)

Yes

No

31.2 Please list their names and addresses:

[REDACTED]
[REDACTED]
[REDACTED]
SILVER SPRING, MD.

32. Please give the following information about yourself:

NAME

Last Name

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

AGE

SEX

[REDACTED] ROLF FORD MD

42

MALE

Indicate any additional information about yourself, including any special experience, which might be pertinent.

REPORTING INDIVIDUAL
CLAIMED HE WORKED IN
A SENSITIVE AREA
FOR NSA &
FEARED
RECRIMINATIONS
FOR UFO SIGHTING
END.

Full
IDENTIFICATION
DECLINED

CALL WAS
PLACED FROM
[REDACTED]

SILVER SPRING MD.

33. When and to whom did you report that you had seen the object?

Day

Month

Year

16

APR

67

TO FFD DOTY

LT. E. BAUER. OFFICER

34. Date you completed this questionnaire:

16
Day

APR
Month

67
Year

35. Information which you feel pertinent and which is not adequately covered in the specific points of the questionnaire or a narrative explanation of your sighting.